



# Commonwealth of Massachusetts

## Board of Building Regulations and Standards

### Manufactured Buildings Program

### ***LABEL REQUEST FORM***

#### This Section for State Use Only

Date Processed		Label Numbers:	Issued by:
Fee Received	\$		
Check Number			

#### This Section to be Completed by Manufacturer – PLEASE PRINT OR TYPE

<b>SECTION 1 – MANUFACTURER INFORMATION</b>		<b>BBRS\DPS I.D. #</b>	
Manufacturer Name			MC #
Street			
City/State/Zip			
Telephone Number: ( )	Fax Number: ( )	Email:	
Manufacturer - Plant Inspector			
Third Party Agency			TPIA #
Number of Labels		Total Amount Attached	\$
Manufacturer's Serial Number		Manufacturer's Model Designation	

#### SECTION 2 – LOCATION OF BUILDING

Street	
City/State/Zip	

#### SECTION 3 – BUILDER/DEALER/CERTIFIED INSTALLER INFORMATION

Builder/Dealer			
Street			
City/State/Zip			
Certified Installer			
Licensed Construction Supervisor		License Number:	
		Expiration Date:	

This form shall be completed by the manufacturer when requesting manufactured building labels. All information shall be clearly indicated. Incomplete forms will be returned to the manufacturer unprocessed.

This request shall be forwarded to the **BBRS / Dept. of Public Safety**  
**167 Lyman Street / P.O. Box 1063**  
**Hadley Building – Ground Floor**  
**Westboro, MA 01581**